

## EXPEDITED FILING— COMMERCIAL LINES TERRORIST EXCLUSIONS APPLICATION

Ed. 12/21/01

This page applies to the following state(s) \_\_\_\_\_

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

## Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

## Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form #) Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Form Filing Transmittal Header for each insurer
- One copy of each endorsement, unless you have given ISO authorization to file them on your behalf.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it is:

- ☐ Using one of the approved ISO endorsements; or
- ☐ Using an endorsement that provides coverage that is at least as broad as the ISO endorsements.
- ☐ That it is unable to obtain reinsurance coverage for acts of terrorism.

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

*COMPLETED SAMPLE FORM*  
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Company Name(s)	Domicile	NAIC #	FEIN #
ABC Insurance Company	NY	0000-99999	99-1234567

**Contact Information for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Commercial General Liability
<b>Company Program Title</b> (Marketing title) (if applicable)	General Liability Program
<b>Filing Type</b> ** see note below	Form (Endorsement)
<b>This application is used with:</b>	(Insert policy form number to which the application attaches)
<b>Effective Date Requested</b>	01-01-02 (Enter your desired effective date)
<b>Filing date</b>	(Date Company sends filing)
<b>Company Tracking Number</b>	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
<b>Date filing approved in domiciliary state</b>	Not approved yet. Filed on same date as this filing.

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form #) Include edition date	Replacement Or withdrawn?	If replacement give form # it replaces	Previous State Filing Number, if required by state
01	War or Terrorism Exclusion	CG 21 69 01 02	[ ] Replacement [ ] Withdrawn [x] Neither		
02			[ ] Replacement [ ] Withdrawn [ ] Neither		

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- ☐ That it is unable to obtain reinsurance coverage for acts of terrorism.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title: